

Connecticut Veterinary Medical
Diagnostic Laboratory
*University of Connecticut,
Department of Pathobiology and
Veterinary Science*
61 North Eagleville Rd.; Unit 3203
Storrs, CT 06269-3203
860-486-3738 Fax 860-486-2737

Submission Form
For
Tick Testing
Connecticut Veterinary Medical
Diagnostic Laboratory

Accession No.

Date Rec'd by Lab

Client Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Office use only:

☐ Paid, check # _____
Amount _____

☐ Check returned
Reason: _____
Date: _____

Was the tick attached or embedded in victim's skin? ☐ Yes ☐ No ☐ Unknown

If, yes, name and age of person or species of animal tick was removed from:

_____ Age _____

Date tick was removed or found _____

Test Requested: ☐ Tick Identification only

Type of tick, stage of development, and degree of engorgement.
Fee \$5.00

☐ **PCR Testing**

In addition to the above test, examines tick for the presence of the
Spirochete *Borrelia burgdorferi*, known to cause Lyme disease.
Fee \$35.00

Please fax a copy of this result to the Stamford Health Department Laboratory at (203) 977-5963

(Lab use only)

Tick ID: _____ Date Tested _____

PCR Results: ☐ Positive ☐ Negative

☐ Inconclusive ☐ Other: _____

☐ No test, no charge. Reason: _____

Date/time submitter phoned with results: _____ Initials: _____

Lab comments: _____